MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



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**ADVISORY - Important Information **

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TO: All Maine Health Alert Network Recipients

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SUBJECT: Maine CDC Update on Novel Influenza A (H1N1)

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Maine CDC Update on H1N1 June 21, 2009

The purpose of this health advisory is to provide an update on H1N1 in Maine in the areas of surveillance, mitigation, vaccination, and communication.

Surveillance:

H1N1 continues to spread in Maine, especially in the southern half of the state, and Maine is one of 11 states reporting widespread influenza activity. Although we have an overall total of 61 cases identified by testing in Maine (50 among Maine residents and 11 among those visiting or staying in Maine) it is important to note that individual case data are useful only in that they are markers of the presence of H1N1 and community transmission in a given county or geographical area. Most people with H1N1 do not need testing (such as symptomatic close contacts of confirmed cases or people with mild illness), and their illness is not reflected in the case counts. Counties or regions with no reported cases may still be affected.

Some Highlights from the Data:

- Over half of those confirmed with H1N1 since late April in Maine are under the age of 25, confirming the higher spread seen nationally among children and young adults. Only one confirmed case in Maine is over 60 years old.
- Although most cases are from the southern and mid coast regions of Maine, there has been a recent increase in cases from Androscoggin County.
- A total of 4 Maine people have been hospitalized for H1N1; two have been discharged and two remain hospitalized. The preliminary hospitalization rate in Maine and some other states is approximately 5 12%, and appears highest among pregnant women, young middle aged adults, and children, especially those with underlying conditions such as asthma, other lung diseases and chronic conditions. This is in contrast to the hospitalization rate of seasonal influenza, which is about 1% and is highest among those 65 and older.
- Cases have been identified in 4 summer camps, 1 jail, and among students from a number of different schools.
- Several recent cases have a common history of travel to other areas of New England, such as the Greater Boston area, or visits from relatives from these areas, emphasizing the importance of vigilant respiratory hygiene.
- Many cases have no history of travel or contact with a known case, and therefore are evidence of community transmission.
- As the H1N1 spreads we expect to see some increase in severity, as has been seen in other states.

Other H1N1 Data Updates:

Maine

The Maine CDC public health laboratory (HETL) has performed about 2,200 influenza tests this past 2 months with PCR technology, and is now confirming H1N1 sub-typing.

http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml

New England 2,286 confirmed cases (with most states limiting testing to those who are

hospitalized) and 5 deaths (1 in MA & RI, 3 in CT)

MA updates: http://publichealth.blog.state.ma.us/h1n1-swine-flu/

U.S. 21,449 confirmed cases with many times this number as the expected true

number of cases, and 87 deaths. All 50 states affected.

http://www.cdc.gov/h1n1flu/update.htm

International http://www.who.int/csr/disease/swineflu/en/index.html

WHO raised the level of the influenza pandemic alert from a phase 5 to a phase 6 on June 11, 2009. 74 countries have officially reported almost

45,000 cases, including at least 180 deaths.

Mitigation:

It is especially important for those associated with any gathering or grouping of people (employment settings, reunions, meetings, youth camps, etc) to make sure the tools and reminders are readily available to maintain respiratory etiquette. Examples include making sure soap/water, hand sanitizer, tissues, and reminder posters are easily available.

In addition to these prevention recommendations it is also important for any setting where people are congregated routinely (employment settings, child care, day camps, shelters, etc) or for a length of time (overnight camps, prisons, cruises, etc) that measures are taken to assure appropriate: exclusion of ill participants and sometimes those at high risk for complications; screening for symptoms; and isolation and treatment of ill participants. Details and other guidance are found in the links below.

Several high priority areas include:

• Pregnant Women (who are at high risk for complications from H1N1)

Guidance for Pregnant Women Likely to Be Exposed to H1N1 (those working in health care, education, child care)

http://www.cdc.gov/h1n1flu/guidance/pregnant-hcw-educators.htm

What Pregnant Women Should Know About H1N1

http://www.cdc.gov/h1n1flu/guidance/pregnant.htm

Guidance for Clinicians Caring for Pregnant Women

http://www.cdc.gov/h1n1flu/clinician pregnant.htm

- **Summer Gatherings** (family reunions, BBQs, weddings, parties, meetings, etc) http://www.cdc.gov/h1n1flu/guidance/public gatherings.htm
- Day and Residential Camps

http://www.cdc.gov/h1n1flu/camp.htm

• Homeless and Domestic Violence Shelters

http://www.cdc.gov/h1n1flu/guidance/homeless.htm

• Child Care Facilities and School Programs

http://www.cdc.gov/h1n1flu/K12 dismissal.htm

• Correctional facilities

http://www.cdc.gov/h1n1flu/guidance/correctional_facilities.htm

• Travelers' Health

http://wwwn.cdc.gov/travel/content/novel-h1n1-flu.aspx

• Cruise Boats

http://www.cdc.gov/h1n1flu/guidance/cruiseships.htm

• Businesses and Employers

http://www.cdc.gov/h1n1flu/business/

• Taking Care of a Sick Person in Your Home

http://www.cdc.gov/h1n1flu/guidance homecare.htm

Shared Responsibility for All People:

• Maintain Respiratory Etiquette:

- O Cover coughs and sneezes with sleeves or a tissue. Sneezes can travel 100 miles per hour and the wet spray can radiate 6 feet. Droplets from an infected person can get into the air from sneezing, coughing, or simply talking, then can be inhaled by and infect people nearby, especially within 6 feet.
- Wash hands frequently with soap and water or hand sanitizer, especially after you: cough, sneeze or wipe your nose; use the bathroom; have had contact with a sick person; touch handrails, doorknobs or other things handled by many people; before eating; and after handling garbage. Influenza germs can live for hours on surfaces like hands, doorknobs and other commonly touched surfaces, and can easily spread when a person touches these contaminated items then touches their eyes, nose, or mouth.
- o **Avoid touching your eyes, nose, or mouth** since germs spread this way.
- o Avoid close contact with sick people.
- o Stay home if you are ill.
- o If you are sick with an influenza-like illness (fever and other symptoms including a sore throat or cough), stay home for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. This is to keep you from infecting others and spreading the virus.
- Stay informed since this event and guidance are changing.
- Make preparations. If you do not have a pandemic influenza plan, then use a preparation check lists for your setting or situation, found at: http://www.pandemicflu.gov/plan/checklists.html.

Vaccination:

Seasonal Influenza Vaccine

Maine CDC and the Department of Education are partnering to offer free seasonal influenza vaccine to children through interested local schools this fall. We are very appreciative to partners in health care, public health, emergency management, and others who are reaching out to schools on these

local initiatives. For more information on how you can become involved, check the recent health advisory on this subject at: http://www.maine.gov/tools/whatsnew/attach.php?id=74633&an=1

US CDC Power Point Overview of School-Based Seasonal Vaccines:

http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/pdf/school_flu_clinic_march_2009_vogt_slides.pdf

H1N1 Influenza Vaccine

We anticipate and are planning for H1N1 vaccine to be available this fall. We ask that health organizations, emergency management, and others start planning for this. We expect much more information available in the coming weeks.

Some large scale vaccine planning guidance can be found at:

http://www.cdc.gov/flu/professionals/vaccination/vax clinic.htm

Updated information on H1N1 vaccine can be found at:

http://www.pandemicflu.gov/vaccine/index.html

Communication:

Basic Resources:

- US CDC H1N1: http://www.cdc.gov/h1n1/
- Maine CDC H1N1: http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml
 This is also found through the Maine CDC's homepage:
 www.mainepublichealth.gov
- Maine Department of Education H1N1 page: http://www.maine.gov/education/h1n1/index.html
- Maine CDC's 24 hour clinical consultation line for health care providers or officials needing to report a suspected case, obtain testing information, or obtain clinical guidance: 1-800-821-5821
- Maine CDC's Health and Environmental Testing Laboratory (HETL) will perform influenza RT-PCR tests and sub-typing for influenza A positive specimens. Instructions on collecting and submitting laboratory diagnostic specimens for H1N1 influenza testing are available at http://www.maine.gov/dhhs/etl/micro/submitting_samples.htm.
- Maine CDC Public Information Line: 1-888-257-0990 weekdays from 9am to 5pm.

Other Resources:

- Posters and Flyers
 http://www.maine.gov/dhhs/boh/Flu%20Posters.htm
 http://www.cdc.gov/h1n1flu/flyers.htm
- Foreign Language, Deaf/Hard of Hearing Materials http://www.maine.gov/DHHS/boh/h1n1-foreign-lang-resources.shtml
- Social Media Resources on H1N1 http://www.cdc.gov/socialmedia/h1n1/